

AWARENESS TRAINER APPLICATION

Yes, I completed the 3hr SAFE Anti-Trafficking Awareness Training. Date:			
PERSONAL INFORMATION			
Name:			
Address:			
City:		Zip:	
Home Phone:			
Cell Phone:			
E-Mail:			
Sex:MaleFemale Birth	Date:/	_	
Marital Status:SingleMar	riedWidowed _	Divorced	
FAMILY INFORMATION			
Spouse's name:			
E-Mail (spouse):			
Cell Phone (Spouse):			
Children First & Last Name	Age	Male/Female	
MILITARY VOLUNTEERS			
Unit Information, Location, Supervi	sor Name?		
Volunteer Supervisor Name, Email,			



AWARENESS TEAM INTERESTS

Team 1: Hospitality

Please check the box by the industry specific awareness team that you would like to join. A <u>background check</u> is required prior to becoming a Trainer. You will receive a secure email to initiate a background check.

Team 4: Beauty

-Bars	-Hair Salons		
-Restaurants	-Nail Salons		
-Hotels	-Eyebrow Salons		
-Housekeeping	-Tattoo and Piercing Salons		
-House/Vacation Rentals	-Massage & Spa Salons		
-Real Estate Agents	-Jewelry Shops		
Team 2: Service Contractors	Team 5: Education		
-Home Inspectors	-Schools (public & private)		
-HVAC Companies	-Colleges & Universities		
-Home Appraisers	-Civic clubs		
-Appliance Repairs	-Churches		
-Pest Control	-Other groups/organizations		
-Home Renovators			
-Pool Maintenance	Team 6: Other/Miscellaneous		
-Audio/Visual Companies	-Auto Repair Shops		
-Lawn Care	-Car Rental Companies		
-Cleaning Service/Housekeepers	-Movie Theaters		
	-Airports (TSA)		
Team 3: Medical Providers	-Entertainment Parks		
-Hospitals & Emergency Rooms	-Clothing Store		
-OB/GYN Offices	-Gas Stations		
-Urgent Care Clinics	-Convenience Stores		
-Dental offices	-Grocery Stores		
-Eye Clinics	-Other places:		
-Cosmetic Surgery Clinics			
-Pharmacy/Drug Stores			
Are you interested in leading one of these teams?	Vos. No.		
Are you interested in leading one of these teams?	res NO		
Please print your name			
Please sign your name	Today's Date		